

2006 Medical Options Comparison

State of Tennessee Group Insurance Program

Local Government Plan Participants

The benefits listed below are a summary of some common benefit categories. Please refer to vendor member handbooks for complete information on coverage, limitations and exclusions.

BENEFIT	PPO OPTION		PPO LIMITED OPTION		POS OPTION		HMO OPTION
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Annual Deductible *	\$300 per individual; \$750 family *		\$500 per individual; \$1,500 family *		None	\$300 per individual; \$750 family	None
Preexisting Condition Requirement	6 months if no immediately prior coverage		6 months if no immediately prior coverage		6 months if no immediately prior coverage		None
Physician Office Visit	90% of MAC	70% of MAC	80% of MAC	60% of MAC	\$20 copay general ***; \$25 copay specialist	70% of MAC after deductible	\$15 copay PCP; \$20 copay specialist
Hospital Care	90% of MAC	70% of MAC	80% of MAC	60% of MAC	\$100 per admission	\$300 per admission, then 70% per diem after deductible	\$100 per admission
Prescription Drug Coinsurance/Copay **	\$5 for generic; \$20 preferred brand; \$40 non-preferred brand **	\$5 for generic; \$20 preferred brand; \$40 non-preferred brand + amount exceeding MAC **	0% for generic; 20% preferred brand; 40% non-preferred brand **	0% for generic; 20% preferred brand; 40% non-preferred brand + amount exceeding MAC **	\$5 for generic; \$20 preferred brand; \$40 non-preferred brand **	70% of MAC after deductible	\$5 for generic; \$20 preferred brand; \$40 non-preferred brand **
Maternity	90% of MAC	70% of MAC	80% of MAC	60% of MAC	\$20 copay OB, first visit only; \$25 copay specialist; \$100 hospital admission	\$300 copay, then 70% per diem after deductible	\$15 copay OB, first visit only; \$20 copay specialist; \$100 hospital admission
Routine Health Assessment and Immunizations — Child	90% of MAC; Covered through age 5; Maximum of 12 visits	70% of MAC; Covered through age 5; Maximum of 12 visits	80% of MAC; Covered through age 5; Maximum of 12 visits	60% of MAC; Covered through age 5; Maximum of 12 visits	100% benefit; Covered through age 5; Maximum of 12 visits	70% of MAC after deductible; Covered through age 5; Maximum of 12 visits	\$15 copay PCP; \$20 copay specialist; Covered through age 17
Routine Health Assessment — Adult	not covered		not covered		100% benefit	70% of MAC after deductible	\$15 copay PCP; \$20 copay specialist
Emergency Care	\$25 copay per visit (waived if certain conditions are met); 90% of MAC	\$25 copay per visit (waived if certain conditions are met); 70% of MAC	\$25 copay per visit (waived if certain conditions are met); 80% of MAC	\$25 copay per visit (waived if certain conditions are met); 60% of MAC	\$50 copay per visit (waived if certain conditions are met)	\$50 copay per visit, then 70% of MAC after deductible (copay waived if certain conditions are met)	\$50 copay per visit (waived if certain conditions are met)
Chiropractic Care	90% of MAC—Maintenance visits not covered when no additional progress is apparent or expected to occur	70% of MAC—Maintenance visits not covered when no additional progress is apparent or expected to occur	80% of MAC—Maintenance visits not covered when no additional progress is apparent or expected to occur	60% of MAC—Maintenance visits not covered when no additional progress is apparent or expected to occur	\$20 copay —Maintenance visits not covered when no additional progress is apparent or expected to occur	70% of MAC after deductible — Maintenance visits not covered when no additional progress is apparent or expected to occur	\$15 copay —Maintenance visits not covered when no additional progress is apparent or expected to occur
Ambulance Service — Air and Ground	80% of reasonable charges when deemed medically necessary by claims administrator		80% of reasonable charges when deemed medically necessary by claims administrator		100% of reasonable charges when deemed medically necessary by claims administrator		100% of reasonable charges when deemed medically necessary by claims administrator
Lab and X-ray	90% of MAC	70% of MAC	80% of MAC	60% of MAC	100% benefit	70% of MAC after deductible	100% benefit
Physical, Speech and Occupational Therapy	90% of MAC; Some limitations may apply	70% of MAC; Some limitations may apply	80% of MAC; Some limitations may apply	60% of MAC; Some limitations may apply	\$20 copay per visit; Limited to 45 visits per year, per condition	70% of MAC; Limited to 45 visits per year, per condition after deductible	\$15 copay per visit; Limited to 45 visits per year, per condition
Mental Health Inpatient * (preauthorization required)	90% of MAC; Limited to 45 days per year	70% of MAC; Limited to 45 days per year	80% of MAC; Limited to 45 days per year	60% of MAC; Limited to 45 days per year	\$100 copay per admission; Limited to 30 days per year	Not covered	\$100 copay per admission; Limited to 30 days per year
Substance Abuse Inpatient * (preauthorization required)	90% of MAC; Limited to two 5-day detox stays per lifetime; plus two 28-day lifetime stays	70% of MAC; Limited to two 5-day detox stays per lifetime; plus two 28-day lifetime stays	80% of MAC; Limited to two 5-day detox stays per lifetime; plus two 28-day lifetime stays	60% of MAC; Limited to two 5-day detox stays per lifetime; plus two 28-day lifetime stays	\$100 copay per admission; Limited to two 5-day detox stays per lifetime; plus two 28-day lifetime stays	Not covered	\$100 copay per admission; Limited to two 5-day detox stays per lifetime; plus one 28-day lifetime stay
Mental Health/Substance Abuse Outpatient * (preauthorization required)	Sessions 1-15: \$5 copay/session Sessions 16-45: \$25 copay/session Limited to 45 sessions mental health and substance abuse combined	Sessions 1-15: \$40 copay/session Sessions 16-45: \$100 copay/session Limited to 45 sessions mental health and substance combined	Sessions 1-15: \$5 copay/session Sessions 16-45: \$25 copay/session Limited to 45 sessions mental health and substance abuse combined	Sessions 1-15: \$40 copay/session Sessions 16-45: \$100 copay/session Limited to 45 sessions mental health and substance abuse combined	\$25 copay per session; Limited to 45 sessions mental health and substance abuse combined	Not covered	\$20 copay per session; Limited to 45 sessions mental health and substance abuse combined
Annual Out-of-Pocket Maximums (excludes mental health/sub. abuse)	\$1,300 per individual; \$2,600 family	\$3,900 per individual; \$7,800 family	\$5,500 per individual; \$11,500 family	\$16,500 per individual; \$33,000 family	None		None
Annual Pharmacy Copay Maximum	\$1,350 per individual **		None		None		None

MAC — Maximum Allowable Charge. Use of out-of-network providers will result in increased cost to members as you will be required to pay the difference between the MAC and the amount billed by the provider.

* Separate \$150 deductible for mental health/substance abuse care required under the PPO and PPO Limited; Benefits must be preauthorized by Magellan Health Services to be reimbursable at the highest level for the PPO and PPO Limited. If preauthorization is not obtained, benefits will be reduced for the PPO and PPO Limited and denied for the POS and HMO.

** Does not apply to annual medical deductible or the annual medical out-of-pocket, if applicable. If cost of prescription is less than the copay, the lesser amount will apply. Extended prescriptions written for 90-102 days (as authorized by the claims administrator) available for one copay when using home delivery or certain participating retail pharmacies.

*** A PCP designation is not required for the POS. The \$20 copay will apply when using any in-network pediatric, family practice, general practice, internal medicine or OB-GYN physician.